DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Supportive Living DSL-31A (Rev. 04/2001)

CORE HUMAN SERVICES REPORTING SYSTEM MULTIPLE CLIENTS

STATE OF WISCONSIN

SOS Desk (608) 266-9198 Completion of this form meets the requirements of the State / County contract specified under Wisconsin Statutes. S. 46.031(2)(c)(2)

| CLIENT | REGISTRA | TION - | Screen 11 (l | Enter either the client ID (field 2b) or full name, birthdate and sex (fields 3-5). | | | | | | | | | | | | | | | |
|---|-------------|----------|---------------------------|---|---------------|------------------|------------|---------|------------|----------|---------------------|------------|--------------|-----------|--------------------------------|-----------------|----|---------|-------------|
| Episode Key 1 Worker ID | | | | | | | ecurity N | lumbei | r | | | | 2b Client ID | | | | | | |
| 3a Last Name 3b | | | | | Bb First Name | | | | | ; | 3c MI 3d Suffix | | | ıffix 4 | 4 Birthdate (mm/dd/yyyy) 5 Sex | | | | |
| | | | | | | | | | | | | | | | | / | _/ | | F M |
| 6a Hispanic / Latino 6b Race (Circle up to 5) | | | | | | | | | 7 | 7 Client | Chara | cteristics | S | | | | | | |
| | | | | | | | | = White | | | | | | | | | | | |
| = | | | = Black or Afr | Native Hav | waiian d | or Pacif | ic Islande | er | | | | | | | | | | | |
| I = American Indian or Alaska Native | | | | | | | | | | | | | | | | | | | |
| OPTIONAL DATA - Screen 11 (New) or Screen 12 (Update) | | | | | | | | | | | | | | | | | | | |
| 8a Street Address | | | | | | 8b City 8c | | | | | tate 8d ZIP Code 8e | | | e 8e C | County 8f Telephone | | | | |
| | | | | | | | | | | | | | | | | (| |) | |
| 9 Start Date | | | 10 Case Review Date 11 Di | | | agnosis 12 Closi | | | ng Date | | | - | | Family ID | | 15 Local Data | | | |
| | İ | | 1 | 1 | | | | ı | | | ۲ | Reason | | | | | | İ | |
| | CLIENTS | FRVIC | E - Screen 1 | 4 | | | | | | | | | | | | | | | |
| Prog.No | 16 SPC CI | | 17 Target | 18 Days of | 19 Other | 20 Deli | very Date | 21 S | PC Sta | rt Date | 2 | 2 SPC E | nd Dat | -Δ | 23 Provide | er Number | | 24 SPC | Review Date |
| (U) | or Category | | , | | Units | mm yyyy | | | mm dd yyyy | | mm dd | | | yyyy | | Vidor (Vallibor | | mm yyyy | |
| (-) | | <u> </u> | | | | | ,,,,, | | | ,,,, | | | | ,, | | | | | ,,,, |
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Shaded areas optional.

^{*}Days of Care (Field 18) are required for SPCs in Clusters 700 - Community Residential Services, 900 - Inpatient and Institutional Care, and 925 - Institute for Mental Disease. Exclude SPCs 201, 203, 204 & 504 where days are calculated in the module.

| FAMILY N | FAMILY MEMBER / RELEVANT OTHER - CLIENT REGISTRATION - Screen 11 (New) or Screen 12 (Update) | | | | | | | | | | | | | | | | | |
|--|--|--------------|--|-----------------------|-------------------|----------------------------|------------------------------------|----------|---------------------------|--------------------------|-----------------|--------------------|---------------|--------------------------|-----------------------|-------|----------------|--------|
| Episode K | (ey | 1 Wo | 1 Worker ID | | | | | ocial S | Security N | umber | | | 2b Client ID | | | | | |
| | | | | | | | | | | | | | | | | | | |
| 3a Last Name | | | | 3b | | | | 3c M | | 3d St | 3d Suffix | | date (mm/dd/y | ууу) | | 5 Sex | | |
| | | | | | | | | | | | | | /// | | | | F M | |
| 6a Hispanic / Latino 6b Race (Circle up to 5) | | | | | | | | | | 7 Client Characteristics | | | | | | | [| |
| Y = Yes A = Asian | | | | | W = White | | | | l l | | | | | | | | | |
| | | B = Black | | | | | ative Hawaiian or Pacific Islander | | | | | | | | | | | |
| I = American Indian or Alaska Native | | | | | | | | | | | | | | | | | | |
| OPTIONAL DATA - Screen 11 (New) or Screen 12 (Update) | | | | | | | | | | | | | | | | | | |
| 8a Stree | t Address | | | | 8b City | | | | | | 8c State | | 8d ZIP Code | | 8e County 8f Tel | | elephone) | |
| 9 Start D | ate | 10 Case Re | 10 Case Review Date 11 D | | | iagnosis 12 Closir | | | ng Date | | | 13 Closing 14 Fa | | | mily ID 15 Local Data | | | |
| | | | | | | | | | | | | Reason | | | | | | |
| CLIENT SERVICE - Screen 14 | | | | | | | | | | | | | | | | | | |
| Prog. | 16 SPC Cluster | 17 Target | 18 Days of | 19 Other | ery Date | ery Date 21 SPC Start Date | | | 22 SPC End Date | | | 23 Provider Number | | | 24 SPC Review Da | | | |
| No. | or Category | Group | Care * | Units | mm yyyy | | mm dd yyyy | | | | уууу | | | | | mm | уууу | |
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| FAMILY | MEMBER / REL | EVANT OTHE | R - CLIENT RI | GISTRATIO | N - Scree | n 11 (Ne | w) or S | creer | n 12 (Upo | late) | | | | | | | | |
| Episode Key 1 Worker ID | | | | | 2a S | | | | 2a Social Security Number | | | | | 2b Client ID | | | | |
| | | | | | | | | | | | | | | | | | | |
| 3a Last Name | | | 3b First Na | | | | ne | | | | 3c Ml 3d Suffix | | | 4 Birthdate (mm/dd/yyyy) | | | | 5 Sex |
| | | | | | | | | | | | | | | | / / | | | F M |
| 6a Hispa | nic / Latino | | | | | | | | ent Cha | aracteristic | S . | | | | | IVI | | |
| 6a Hispanic / Latino Y = Yes 6b Race (Circle up to 5) A = Asian | | | | | | | | 1 | | | | | | | | | | |
| N = N | | B = Black | B = Black or African American P = Native | | | | | cific Is | slander | | | | | | | | | |
| I = American Indian or Alaska Native | | | | | | | | | | | | | | | | | | |
| | AL DATA - Scr | een 11 (New) | or Screen 12 | (Update) | | | | | | | | | | | | | | |
| 8a Street Address | | | | | | 8b City | | | | 8c Sta | ite | 8d Zl | 8d ZIP Code | | 8e County 8f T | | Telephone) | |
| 9 Start Date | | 10 Case Re | 11 Diagnos | 11 Diagnosis 12 Closi | | | ng Date | | | 13 Closing | | 14 Family ID | | 15 Local Dat | а | | | |
| | | | | | | | | | | | Reason | | | | | | | |
| CLIENT SERVICE - Screen 14 | | | | | | | | | | | | | | | | | | |
| Prog. | 16 SPC Cluster | | | ery Date | 21 SPC Start Date | | | 22 5 | 22 SPC End Date | | | 23 Provider Number | | | 24 SPC Review Date | | | |
| No. | or Category | Group | Care * | Units | mm | уууу | mm | dd | уууу | mm | dd | уууу | | | | | mm | уууу |
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